



# UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
 UNITED STATES PATENT AND TRADEMARK OFFICE  
 WASHINGTON, D.C. 20231  
 www.uspto.gov



Bib Data Sheet

CONFIRMATION NO. 6883

|                             |                                   |              |                        |                                   |
|-----------------------------|-----------------------------------|--------------|------------------------|-----------------------------------|
| SERIAL NUMBER<br>09/974,780 | FILING DATE<br>10/09/2001<br>RULE | CLASS<br>623 | GROUP ART UNIT<br>3731 | ATTORNEY<br>DOCKET NO.<br>7040-46 |
|-----------------------------|-----------------------------------|--------------|------------------------|-----------------------------------|

**APPLICANTS**

Max Schaldach, Berlin, GERMANY, Deceased;  
 Max Schaldach JR., Berlin, GERMANY, Legal Representative;  
 Daniel Lootz, Warnemuende, GERMANY;  
 Karsten Koop, Rostock, GERMANY;  
 Curt Kranz, Berlin, GERMANY;

**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

GERMANY 100 50 971.1 10/10/2000

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

\*\* 11/14/2001

|                                 |  |                                |                        |                       |                            |
|---------------------------------|--|--------------------------------|------------------------|-----------------------|----------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR<br>COUNTRY<br>GERMANY | SHEETS<br>DRAWING<br>2 | TOTAL<br>CLAIMS<br>60 | INDEPENDENT<br>CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>Allowance |                                |                        |                       |                            |

**ADDRESS**

021324

**TITLE**

Stent

|                                |   |   |
|--------------------------------|---|---|
| FILING FEE<br>RECEIVED<br>1590 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                                 |
|                                |   | <input type="checkbox"/> 1.16 Fees ( Filing )                     |
|                                |   | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of<br>time ) |
|                                |   | <input type="checkbox"/> 1.18 Fees ( Issue )                      |
|                                |   | <input type="checkbox"/> Other _____                              |
|                                |   | <input type="checkbox"/> Credit                                   |